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Bib Data Sheet

CONFIRMATION NO. 5649

<b>SERIAL NUMBER</b> 10/024,924	<b>FILING DATE</b> 12/19/2001 <b>RULE</b>	<b>CLASS</b> 725	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> PU010113
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**APPLICANTS**

Carolynn Rae Johnson, Indianapolis, IN;

\*\* CONTINUING DATA \*\*\*\*\*

AJ None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

AJ None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/17/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Alma M. Johnson</i>	Initials AJ		

**ADDRESS**

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THOMSON MULTIMEDIA LICENSING INC.  
2 INDEPENDENCE WAY  
P. O. BOX 5312  
PRINCETON, NJ 08543-5312

**TITLE**

Method and apparatus for selecting rating limits in a parental control system

<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit